

Adopted	Rejected
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COMMITTEE REPORT

YES:	13
NO:	0

MR. SPEAKER:

*Your Committee on Public Health, to which was referred House Bill 1487, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill **be amended** as follows:*

- 1 Page 1, between the enacting clause and line 1, begin a new
- 2 paragraph and insert:
- 3 "SECTION 1. IC 12-15-15-6 IS ADDED TO THE INDIANA CODE
- 4 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
- 5 1, 2001]: **Sec. 6. (a) Except as provided in subsection (b), the office**
- 6 **shall pay for a hospital's collection, handling, and delivery of a**
- 7 **newborn blood specimen for testing under IC 16-41-17-2(a)(10).**
- 8 **Payment to a hospital must be in an amount equal to:**
- 9 **(1) the costs incurred by the hospital to collect, handle, and**
- 10 **deliver the newborn blood specimen obtained for testing**
- 11 **under IC 16-41-17-2(a)(10);**
- 12 **(2) any fee assessed against the hospital for a laboratory's**
- 13 **testing of the blood specimen under IC 16-41-17-2(a)(10); and**
- 14 **(3) any fee assessed against the hospital by the state**

department of health against the hospital in connection with testing of the blood specimen under IC 16-41-17-2(a)(10).

(b) The costs under subsection (a)(1) may not include costs that are also attributable to a hospital's collection, handling, and delivery of a newborn blood specimen obtained for testing under IC 16-41-17-2(a)(1) through IC 16-41-17-2(a)(9).

Page 1, line 12, delete "significant medical".

Page 1, line 13, delete "illness, death, or".

Page 1, between lines 14 and 15, begin a new line block indented and insert:

"(8) Congenital adrenal hyperplasia.

(9) Biotinidase deficiency.

(10) Disorders detected by tandem mass spectrometry, if the state department determines that the technology is available for use by a designated laboratory under section 7 of this chapter."

Page 2, after line 3, begin a new paragraph and insert:

"SECTION 3. IC 16-41-17-10 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2001]: Sec. 10. (a) The state department shall develop the following:

(1) A registry for tracking and follow-up of all newborns and individuals for screening.

(2) A centralized program that provides follow-up, diagnosis, management, and family counseling and support, including equipment, supplies, formula, and other materials, for all infants and individuals identified as having one (1) of the disorders listed in section 2 of this chapter.

(3) A laboratory quality assurance program, including proficiency testing.

(4) A statewide network of genetic evaluation and counseling services.

(5) A system for using, for epidemiological survey and research purposes, any waste blood specimen generated under this chapter.

(b) The program described in subsection (a) shall be funded by collection of a newborn screening fee for each newborn screened by a designated laboratory.

(c) The state department shall set the fee and procedures for disbursement under rules adopted under IC 4-22-2. The fee must be

based upon the projected cost of the program. **The state department shall identify the part of the fee that is attributable to tests that are performed under section 2(a)(10) of this chapter.** The proposed fee must be approved by the budget agency before the rule is adopted.

(d) The designated laboratory shall assess, collect, and deposit the fees established under subsection (c) in the newborn screening fund established under section 11 of this chapter.

(e) The state department shall annually review:

(1) the newborn screening fee;

(2) the fee assessed by each designated laboratory under section 10.5 of this chapter; and

(3) the fee assessed by each designated laboratory for testing under section 2(a)(1) through section 2(a)(9) of this chapter.

(f) Waste blood specimens used for the purpose of implementing the system described under subsection (a)(5) may not include the name or other identifying characteristics that would identify the individual submitting the specimen.

SECTION 4. IC 16-41-17-10.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2001]: **Sec. 10.5. (a) Separate from any fee a designated laboratory may assess for tests performed under section 2(a)(1) through section 2(a)(9) of this chapter, a designated laboratory shall assess a fee for each newborn screened by the laboratory that:**

(1) covers the cost incurred by the laboratory in performing a screen under section 2(a)(10) of this chapter; and

(2) funds the laboratory's purchase or lease of tandem mass spectrometry technology pro rated over a period of time determined to be reasonable by the state department.

(b) A designated laboratory shall assess the fee referenced in subsection (a) separately from the fee the laboratory assesses for testing under section 2(a)(1) through section 2(a)(9) of this chapter and from the newborn screening fee the laboratory assesses under section 10(d) of this chapter.

(c) The amount of the fee assessed under subsection (a) must be approved by the state department.

(d) If a designated laboratory uses tandem mass spectrometry to test for one (1) or more disorders listed under section 2(a)(1)

1 through section 2(a)(9), the laboratory shall reduce the fee the
2 laboratory assesses under section 2(a)(1) through section 2(a)(9) of
3 this chapter.

4 (e) Except as provided in subsection (f), the portion of a
5 laboratory's fee attributable to the funding of the laboratory's
6 purchase or lease of tandem mass spectrometry technology must
7 be eliminated once the purchase or lease has been paid for.

8 (f) After the purchase or lease of tandem mass spectrometry
9 technology has been paid for, that portion of a laboratory's fee
10 attributable to the funding of the laboratory's purchase or lease of
11 tandem mass spectrometry technology may be maintained or
12 adjusted, as determined by the state department, for purposes of
13 funding the laboratory's purchase or lease of new tandem mass
14 spectrometry technology.

15 SECTION 5. [EFFECTIVE JULY 1, 2001] (a) The state
16 department of health shall develop the following:

17 (1) Develop criteria for a laboratory to qualify as a designated
18 laboratory under IC 16-41-17-7 to test for disorders
19 detectable through the use of tandem mass spectrometry
20 under IC 16-41-17-2(a)(10), as amended by this act, and to
21 test for the disorders listed under IC 16-41-17-2(a)(1) through
22 IC 16-41-17-2(a)(9), as amended by this act.

23 (2) Develop a process for designating one (1) or more qualified
24 laboratories to serve as a designated laboratory under
25 IC 16-41-17-7 to test for disorders detectable through the use
26 of tandem mass spectrometry under IC 16-41-17-2(a)(10), as
27 amended by this act, and to test for the disorders listed under
28 IC 16-41-17-2(a)(1) through IC 16-41-17-2(a)(9), as amended
29 by this act.

30 (b) After the state department of health has developed the
31 qualifying criteria in subsection (a)(1) and the designating
32 processes in subsection (a)(2), the state department of health may,
33 in its discretion, designate one (1) or more qualified laboratories
34 under IC 16-42-17-7 to test for disorders detectable through the
35 use of tandem mass spectrometry under IC 16-41-17-2(a)(10), as
36 amended by this act, and to test for the disorders listed under
37 IC 16-41-17-2(a)(1) through IC 16-41-17-2(a)(9), as amended by
38 this act. A designated laboratory may use tandem mass

1 spectrometry to test for those disorders listed under
2 IC 16-41-17-2(a)(1) through IC 16-41-17-2(a)(9), as amended by
3 this act that are detectable through the use of tandem mass
4 spectrometry.

5 (c) This SECTION expires July 1, 2006."

6 Renumber all SECTIONS consecutively.

(Reference is to HB 1487 as introduced.)

and when so amended that said bill do pass.

Representative Brown C